OMH. No. 12

An Assessment of the Climate for CULTURAL DIVERSITY in North Carolina Public Health

Prepared by

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EXECUTIVE SUMMARY

The Office of Minority Health (OMH) and the Minority Health Advisory Council (MHAC) were created by the legislature in 1992 to address the health status gap between racial and ethnic minorities and the state's general population. The mission of the OMH and the Council is to improve minority health status by advocating for policies, programs, and services to improve access to public health. The 15-member MHAC advises the Governor and the Secretary for the Department of Environment, Health and Natural Resources (DEHNR) on minority health issues.

In 1993, OMH initiated assessment projects that have provided the basis for much of the Office's subsequent work. Three projects examined barriers to health care and strategies to meet health service needs for African-Americans, Hispanics/Latinos, and Native Americans. These studies sampled local health departments and community agencies in North Carolina. Among other issues, respondents were asked about services targeted to the particular racial or ethnic group of interest, and about the need for culturally-appropriate services. While there were few culturally-based services, there was a major perceived need for more in all three studies.

In 1994, the Office developed a cultural diversity training initiative with the intent of building and supporting a public health system that responds appropriately to the needs of North Carolina's diverse population. Culturally-based services are needed to reach people, to understand the problems, to develop trust, and to communicate recommendations in order to improve health status.

OMH contracted with Training Research and Development, Inc. (TRD) to assess attitudes and activities regarding cultural diversity within local health departments. Assessment activities included two regional focus groups of health providers and a survey (organizational climate assessment) of local health departments.

The implication of the findings of this study is that the Office of Minority Health will lead an initiative in cultural diversity training for North Carolina. The Office will involve key health divisions, offices, and community agencies in implementing this program.

Recommendations

Components of the cultural diversity training program should include the following:

1. A strategic planning session to develop a long-range plan for cultural diversity training in public health involving key public health staff representatives.
    - Strategies should be outlined for building the training capacity within public health in order to promote effective systems change and to improve services to diverse public health clients.
    - Strategies should be outlined for providing training to central, regional and local health department administrators and staff.

2. A statewide educational campaign on OMH's cultural diversity training program should be developed and implemented using mass media and marketing strategies, in order to increase awareness of the need for such training.

3. An ongoing assessment component to obtain feedback and recommendations for improvement from participants and "trainers" and to ensure that the systems change process is well documented.

I. INTRODUCTION

As American society moves toward the 21st century, demographic, social, and cultural diversity will play even greater roles in America. In the next two decades, the United States and North Carolina will experience more ethnic and racial diversity than in any previous period in history.

Changing demographics may induce relationship problems among different ethnic, racial, and cultural groups. Many businesses are faced with the growing need to assess the cultural awareness and preparation of their personnel. They also are finding it important to train their staff in delivering effective services to increasingly diverse populations and societies. Multicultural education involves educational practices directed toward race, culture, language, gender, social class, and handicap (Sleeter and Grant, 1987). It can be defined as any set of processes by which organizations work with rather than against minorities.

The North Carolina Office of Minority Health is committed to promoting health and quality of life by reducing the health disparities between the total population and the population groups that experience above-average incidence of death, disability and disease. Tailoring health promotion and prevention efforts to reduce the risk of premature death and infirmity can only be achieved by first addressing issues of ethnic, racial, and cultural diversity for clients and personnel within the state's system of local health departments. Health service delivery systems must continue to assess the challenges and health needs of a diverse society in order to attain the goals implied by the Healthy People 2000, National Health Promotion, and Disease Prevention Objectives.

A. Purpose of the Report

The cultural diversity training initiative of the North Carolina Office of Minority Health is intended to build and support a public health system that responds appropriately to the needs of North Carolina's complex population. Culturally based services are needed to reach people, to understand their problems, to develop their trust, and to communicate recommendations to improve their health.

This study was commissioned, designed, and completed between November 1994 and June 1995. The prime goal of this project was to provide a forum in which public health departments could study a changing work force and its readiness and preparedness to service a variety of clients. A second goal was to enable the sharing of views, developing of strategies, and developing of relevant programs and services.

This report examines the responses of Local Health Department (LHD) personnel, which included directors and nursing supervisors, who participated in the survey by the Office of Minority Health of the North Carolina Department of Environment, Health and Natural Resources. The report analyzes their attitudes, perceptions, and behaviors toward multicultural education, cultural diversity, and organizational climate.

The information the respondents gave for this report establishes a profile that helps identify and examine public health's multicultural education, cultural diversity, and organizational climate. The analysis encompasses the following areas:

- diversity awareness;
- organizational climate;
- need for minority employees;
- racial socialization;
- mainstream orientation;
- gender;
- perception of colleagues;
- diversity training;
- cultural competence;
- cultural self awareness;
- older employees;
- perception of leadership of the local health department; and
- people with handicaps.

B. Background

Statistics have consistently shown that racial and ethnic minorities in North Carolina have more illness, more problems getting health care, and earlier deaths. The Office of Minority Health (OMH) and the Minority Health Advisory Council (MHAC) were created by the legislature to address the health status gap between minorities and the state's general population (HB 1340, 1992 n.c. session law, Chapt. 900, sec. 165, 166.).

The mission of the OMH and the Council is to improve the health status of racial and ethnic minorities by advocating for and/or developing policies, programs, and services. The 15-member MHAC is mandated to advise the Governor and the Secretary of the Department of Environment, Health and Natural Resources (DEHNR) on minority health issues. MHAC is composed of state legislators, community leaders, and health and human service professionals. OMH staff and the Council have worked to identify and respond to core health concerns of minority community leaders around the state.

1. Office of Minority Health Assessments

A set of 1993 assessment projects has provided the basis for much of OMH's subsequent work. Three projects examined barriers to health care and strategies to meet health service needs of African-Americans, Hispanics/Latinos, and Native Americans. The studies sampled local health departments and community agencies in North Carolina. Among other issues, respondents were asked about services targeted to particular racial or ethnic groups, and about the need for culturally appropriate services.

A fourth project assessed factors influencing the entry of minority students into health careers. It focused on identifying the elements of a model recruitment and retention program.

a. *Hispanic/Latino*

OMH surveyed the 35 health departments that had the highest number of Hispanics/ Latinos (Lopez, 1993a). Of the respondents, 88% hardly ever or never had educational materials that were culturally appropriate for Hispanics/Latinos. In addition, 91% hardly ever or never had health care, counseling, or classes that could be culturally appropriate or targeted to that population's needs.

b. *African-American*

Thirty health departments were in the stratified random sample for the African-American assessment (Rosser & Lopez, 1994). Of those, 20% reported that health care, counseling, or classes were almost always culturally appropriate. Another 27% had them frequently; 30%, occasionally or in some areas; and 23% hardly ever or never had culturally appropriate services. The health departments were also asked about the availability of educational materials considered culturally appropriate for African-Americans. Many (43%) reported almost always having such materials, 30% said they had them frequently available, and 23% had them occasionally or in some areas.

c. *Native American*

Health departments and community agencies were surveyed in the 20 counties that had the highest numbers of Native Americans (Lopez & Turner, 1994). The questionnaire items in the survey on Native American health service needs differed from the Hispanic/Latino survey and the African-American project. Respondents were not questioned about the availability of culturally appropriate services. However, they expressed a strong need for more culturally appropriate materials and health care.

The results indicated that traditional diets, usual health practices, and traditional healing methods of Native Americans could be incorporated to make health care more effective. Having more health providers from the ethnic group could decrease some of the cultural barriers. However, Native Americans and other minorities were under-represented in most health care professions in North Carolina.

d. *Health Divisions*

OMH and the Minority Health Advisory Council also assessed the availability of targeted programs in the health divisions of DEHNR in 1993 that were culturally appropriate (Lopez, 1993b). Targeted programs are those that are developed and delivered according to the cultural needs or other characteristics of the patients. This is distinct from programs which serve minorities without any tailoring for their specific needs. The issues addressed were:

1) the major health problems for which there were targeted programs;
2) the amount or percentage of funds targeted to the problem(s); and
3) the efforts to involve minority organizations in program planning and implementation.

For many major health areas, there were no targeted efforts.

e. *Public Hearings*

OMH and MHAC held four regional public hearings to learn from people around the state about their minority health concerns (Office of Minority Health, 1994). These were held in Durham, Pembroke, Winton, and Asheville. Speakers most often mentioned the inability to pay, limited access to health care, lack of providers, and lack of transportation. They also frequently noted the effects of cultural barriers and racism. The health areas they most frequently cited were drug abuse, teen pregnancy, HIV (human immunodeficiency virus), STDs (sexually transmitted diseases), and chronic diseases. Suggestions for improving the situation included increasing the number of community-based programs, offering more health education programs for minority communities, and developing ways to recruit and retain minorities in health careers.

2. Factors Contributing to the Health Status Gap

There are many factors that contribute to the poorer health status of minorities compared to Whites. In late 1994, there was a gathering of minority members of the Advisory Committees to the North Carolina Health Planning Commission. This group developed a list of the major factors and made suggestions for activities to improve the health situation. Their summary document is in Appendix C. The list notes the lack of providers who understand the history, background, beliefs, and practices of a culturally diverse population. It also cites the need to train all health care providers, staff, and administrators in understanding and responding to the health needs of a culturally diverse population.

3. Training Program Activities

Culture can be considered the behavior patterns, arts, beliefs, institutions, and all other products of human work and thought that characterize a community or population (American Heritage Dictionary, 1991). Others describe it as a view of the world and a means of adapting to the world (Bilingual Health Initiative Task Force, 1994). Culture is reflected in and influences social relationships and role expectations, communication styles, and health beliefs and practices. All of these issues can affect health care services and practices.

Cultural competence includes the behaviors, attitudes, and policies that enable the system or individuals to work effectively in cross-cultural situations (Cross, Bazron, Dinnis, & Isaacs, 1989). Organizations can become more culturally competent by hiring people from the communities they are serving, who already understand the clients' culture. However, those who are not from their clients' culture(s) can become culturally skilled through training. Characteristics of culturally skilled providers are summarized in the cultural diversity training curriculum, as are some of the values that form the basis for a culturally competent system.

a. Administrative Support

In 1993, staff from the Office of Minority Health were involved in planning Latino Cultural Competency training with the Division of Maternal and Child Health. Five regional training sessions were targeted to local public health providers and staff. Out of that effort came a

special training session for DEHNR administrators and representatives of the Local Health Directors' Association. The session was conducted by a consultant from Michigan who is nationally known for work in the area of systems change using a "non-deficit" model, which provides non-judgmental ways of looking at and dealing with cultural differences.

The State Health Director and the Cabinet Secretary supported OMH's cultural diversity training initiative by including it as one of the Department's priorities. The Director of OMH also presented the training plan and survey to the Administrative Liaison Committee of the Local Health Directors' Association and explained the plan to the members of the Health Management Team of DEHNR.

b. Assessment Phase

The assessment phase involved two regional focus groups of health providers and an organizational climate assessment survey of local health departments. Since these form the basis of this report, they are explained in the Methods Chapter.

c. Curriculum

During the assessment phase, OMH developed a curriculum for cultural diversity training that was specific to public health (Toms, Lopez, & Pullen-Smith, 1995). It addresses cultural competency and change at both the individual and systemic levels. The objectives were to:

- increase awareness of the participant's own culture;
- increase awareness of what is needed to adequately serve minorities;
- expose participants to knowledge about the various cultures around them; and
- develop a plan for developing skills to service minorities (individual and institutional change).

The basic curriculum was developed earlier by Training Research and Development, Inc. (Toms & White, 1994). The OMH revised that version for public health by changing the terminology, adding NC data, and adding several new sections on content areas. The new content included a more detailed session on beliefs and new workshops on personal habits, social relationships, and communications.

The curriculum was used for pilot training in May, 1995. The pilot counties were those participating in the North Carolina Breast Cancer Screening project conducted by the University of North Carolina Lineberger Comprehensive Cancer Center in Chapel Hill. The primary objective of the research project is to increase the proportion of Black women age 50 and older who receive a screening mammography. The project focuses on three major interventions: Inreach, Outreach, and Access.

The counties included Bertie, Martin-Tyrell-Washington District, and Beaufort. The pilot training was held in Plymouth and had 25 participants from the five-county area. Experience and feedback from this pilot, along with the assessment results, will be used to revise the curriculum, which will also be used in the training of regional trainers to continue the initiative.

d. Conference

As part of this initiative, the Office of Minority Health held a statewide conference on cultural diversity in June, 1995. It was intended for health directors and administrators, health educators, nursing directors, social workers, support personnel, outreach workers, and other health and human service providers. The conference was designed to:

- Provide an overview of cultural diversity issues in NC;
- Function as an initial "building block" in assisting public health professionals to better service a culturally diverse population;
- Identify components of a culturally competent public health agency or organization;
- Function as a "starter kit" for agencies, organizations, and individuals interested in addressing diversity as a public health issue; and
- Outline the future components of the Office of Minority Health's cultural diversity training initiative.

II. METHOD

Each section of this report contains analyses of the focus groups and survey results.

A. Instrumentation

1. Focus Groups

The first focus group was held in December 1994 and the second in January 1995. All participants were recruited from local health departments. The first group was composed of Nursing Directors, the second of Health Educators. A third group for outreach workers was planned but was not held for logistical reasons. Questions for the focus groups were developed by Training Research and Development, Inc (TRD). They addressed problems regarding cultural diversity in public health departments and the need for improvement.

The questions are given, with the responses, in the text and in Appendix B. TRD consultants conducted the focus groups. The audio tapes recorded during the focus group sessions were reviewed and notes were taken from each session. These notes were used to synthesize the information obtained from the sessions.

2. Surveys

The organizational Climate Assessment, developed earlier by TRD, was revised by OMH staff to make it more appropriate for public health. It included 46 items that assessed awareness and perceived knowledge, skills, and action regarding organizational diversity and public health practice. It also had 10 items that solicited demographic and background information. The specific items are given in the text and the tables in Appendix A.

The survey was sent to all local Health Directors (n=87) and Nursing Directors (n=98) in local health departments on February 1, 1995. The respondents were assured of confidentiality and that the data would only be used in the aggregate form. A response was requested by February 15, 1995. On February 6, reminder notices were sent to all potential respondents. A second reminder notice was sent on February 16, 1995.

The following demographic and background data were collected from all respondents:

- Race;
- Age;
- Gender;
- Number of years in public health;
- Position/occupation;
- Educational attainment;
- Racial percentage of neighborhood;
- Racial percentage of workplace;
- Number of diversity workshops; and
- Number of diversity classes.

B. Statistical Analysis

The questionnaire included 46 items seeking respondents' attitudes, behaviors, opinions, or orientations toward life. All items were then grouped by TRD by topic into 13 categories. The ratings of all items within each category were averaged to obtain a mean for each category. Each category is referred to as an index.

Some groupings only contain one or two items since some of the items on the original questionnaire were eliminated to reduce the time needed to administer the survey. The individual items in these one- or two-item groupings are discussed as groupings or individual items rather than being referred to as indexes.

Index and group means were calculated with a range from one to five. A mean of one indicates that the respondents strongly disagreed with the statement included in the index. A mean of five indicates that the respondents strongly agreed with the statements comprising the index.

III. RESULTS

A. Focus Group Responses

TRD consultants conducted focus groups with two groups of public health department personnel. Oral responses to the written questions were used to guide the focus group discussion. The following provides an overview of the responses.

1. *Please list up to five problems areas or concerns that ethnic, racial, and cultural group members experience within public health.*

   Both Focus Group I and II respondents generally had similar concerns regarding the problem areas. For this question, comments could be categorized into perceptions of concerns of clients and concerns of personnel.

   Client concerns—
   - Linguistic and value differences that prohibit effective communication between clients and providers
   - Stigma associated with receiving services from health departments
   - Excessive waiting time for services
   - Stereotyping and patronizing of cultural and ethnic groups

   Personnel concerns—
   - Lack of minority representation in management, program planning and ethnic decision-making activities
   - Isolation felt by minority personnel (perception that minority personnel are less knowledgeable/competent and employed to satisfy equal opportunity legislation)
   - Limited career ladders
   - Lack of trust (the need to be "politically correct" limits sincerity between groups)

2. *Please list up to five areas of concern that White Americans have regarding ethnic, racial, and cultural groups within public health departments.*

   - Perception that care provided by public health departments is inferior; lack of qualified staff; time consuming and limited privacy
   - Limited knowledge of cultural differences
   - Limited knowledge of services provided and perception that services are earmarked for low socio-economic groups
   - Language differences
   - Concern for safety in areas where health departments are located

3. *Please list up to three areas of weaknesses public health departments have in meeting the needs or concerns of a diverse work force.*

   - Staff does not reflect the diverse population serviced by public health departments
   - Perception of employees that clients do not deserve government services

- Budgetary and time constraints prevent improvements in service delivery
- Insufficient number of providers
- Clinics are not accessible to all members of the community; hours of operation do not meet needs of the community

4. *On a scale of 1 to 5 (5 being the highest level), rate the public health departments' level of effectiveness in meeting the needs of a diverse work force.*

- Average = 3

5. *What are some of the ways in which public health departments resist diversity and change?*

- Employees lack initiative to change; change is threatening
- Fear of political opposition (Board of Health, County Commissioners, etc.)
- Limited commitment to time and perceived cost necessary to effect change
- Low morale; staff feels overextended
- Management does not acknowledge the need for change
- Mechanism is not in place to respond to feedback from community

6. *What could public health departments do to improve the delivery of services to a culturally diverse work force?*

- Make hours more flexible and clinics easily accessible to clients; offer satellite clinics in rural areas and at large industries (where many clients work)
- Recruit staff that reflects the cultural and ethnic backgrounds of the community
- Educate County Commissioners and Boards of Health about the needs of the community
- Provide staff training in cultural diversity; include as ongoing line item in annual budget
- Provide language interpreters (including sign languages) to increase communication
- Create missions, goals and philosophies that speak for culturally appropriate services

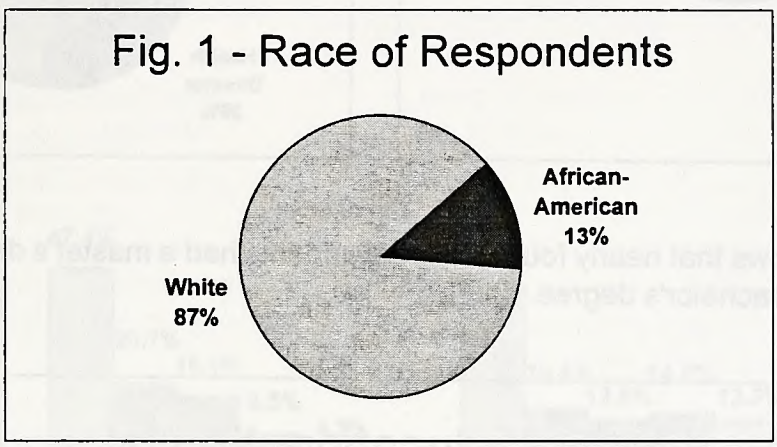
B. Survey Results

Local health department (LHD) health directors and nursing directors were surveyed through a written instrument, the Organizational Climate Assessment. The following provides an overview of the survey responses. Of the 185 people contacted for the survey, 121 responded. Respondents were as follows:

- Health directors, 42 respondents out of 87 contacted (48%);
- Nursing directors, 44 respondents out of 98 (45%);
- Other respondents, 31.

1. Descriptive Breakdown

Figure 1 shows the racial makeup of the respondents to be 87.2% White Americans and 12.8% African-Americans. None of the respondents were Asian or Pacific Islander, American Indian, or Hispanic/Latino.



In Figure 2, the largest proportion of the sample for age distribution (37.3%) was represented in the 46- to 55-year-old group. The 36 to 45 age group was second with 29.7%, and the 56 to 65 age group was third with 21.2%.

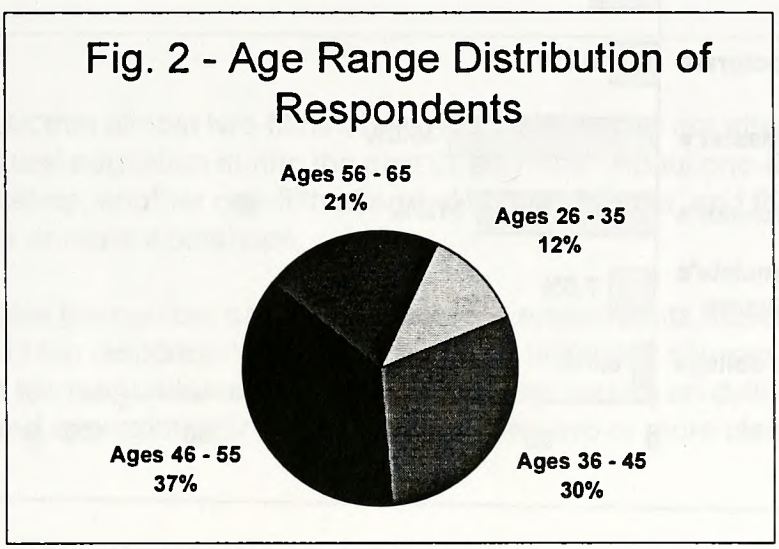
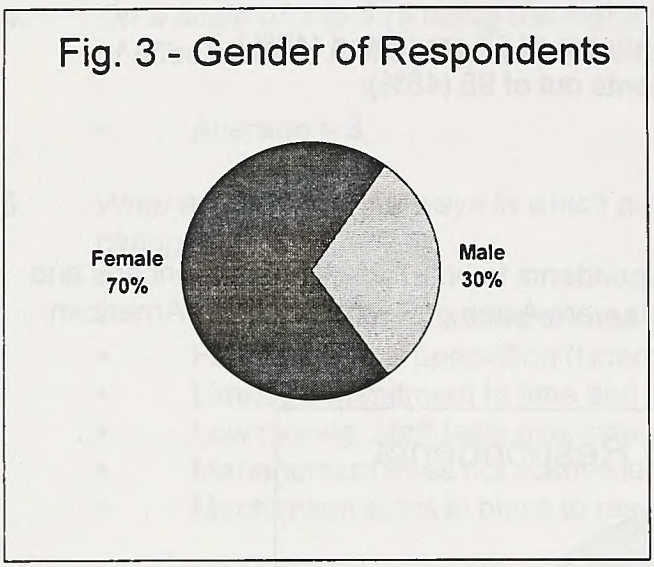


Figure 3 shows that approximately two-thirds of the respondents were female and one-third were male. Figure 4 indicates that over a third of the respondents were Nursing Directors, followed by Health Directors (also over one-third), and other respondents (slightly over one-fourth).



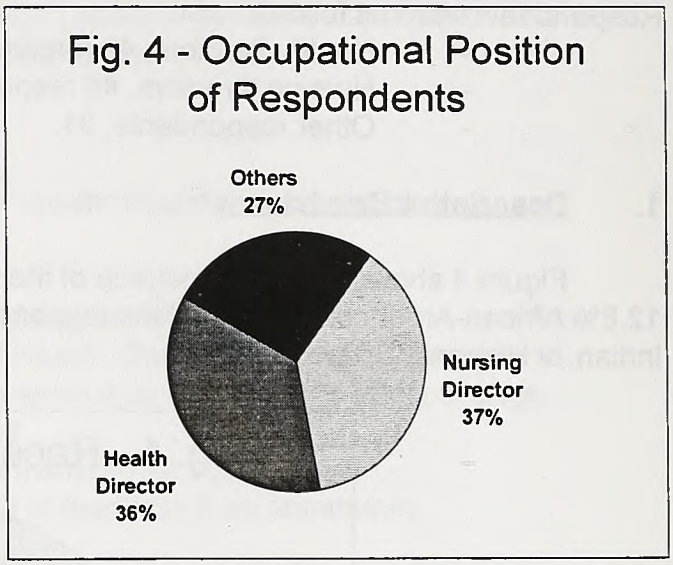


Figure 5 shows that nearly four in ten respondents had a master's degree, and about three in ten had a bachelor's degree.

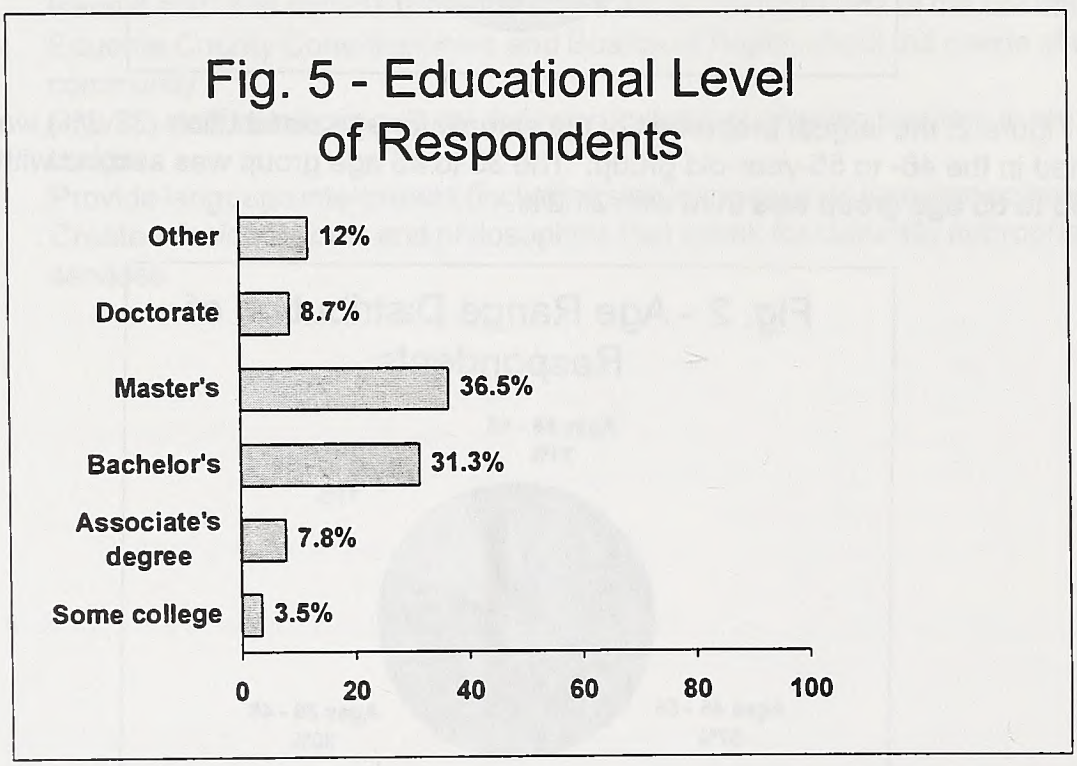


Figure 6 shows the percentage of minority representations in the neighborhoods in which the respondents were reared and the departments in which they work. A large proportion of respondents (44.4%) grew up in communities that were 0-10% minority. Respondents were about equally distributed among the other categories (11-20%, 21-30%, 31-40%, and over 40% minority), with more than one in ten respondents growing up in each type of community..

Figure 6 also shows the percentages of the respondents' answers on minorities in the workplace. Most respondents (47.4%) work in an environment with 0-10% minority representation. Furthermore, while four in ten respondents work in an environment with 11-30% minority representation, only about one in ten of the respondents work in an environment with minority representation greater than 30%.

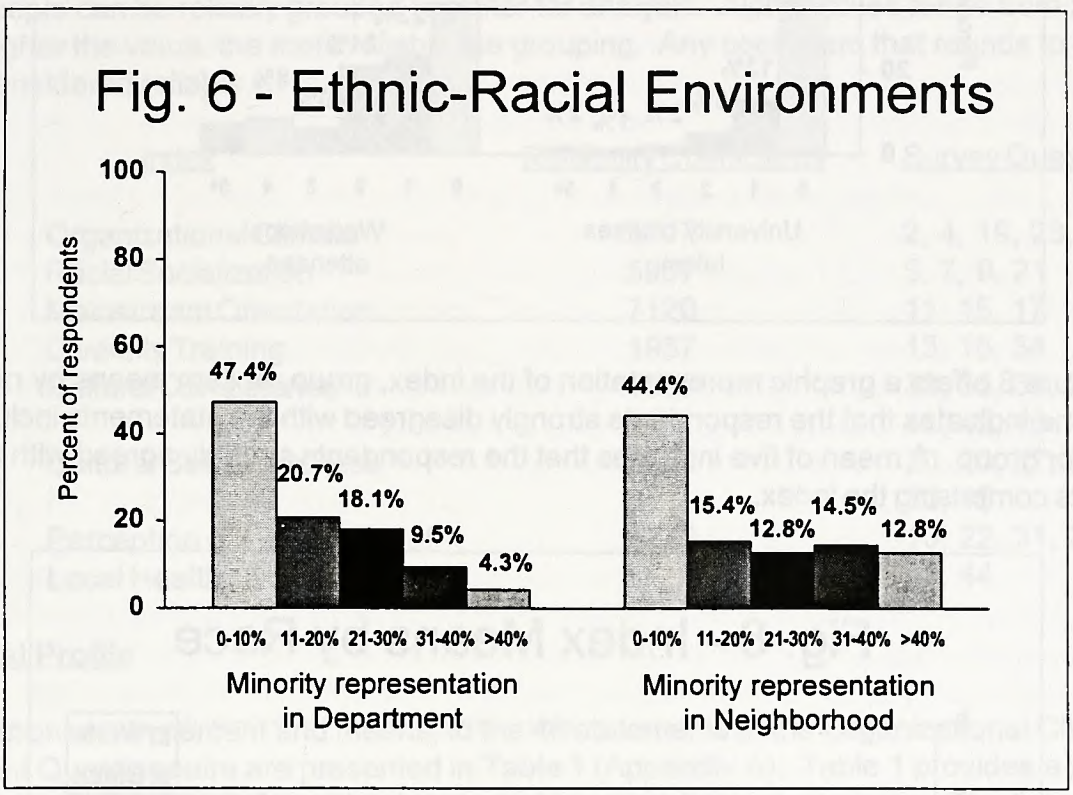


Figure 7 indicates that almost two-fifths of the respondents had not attended any workshops on multicultural education during the past three years. About one-fifth of respondents had attended one workshop, another one-fifth attended two workshops, and the remaining one-fifth had attended three or more workshops.

Figure 7 also notes the number of university courses respondents had taken on cultural diversity. Nearly eight in ten respondents had not taken any university courses on cultural diversity. About one in ten respondents had taken at least one course on cultural diversity within the past three years, and approximately one in ten had taken two or more classes.

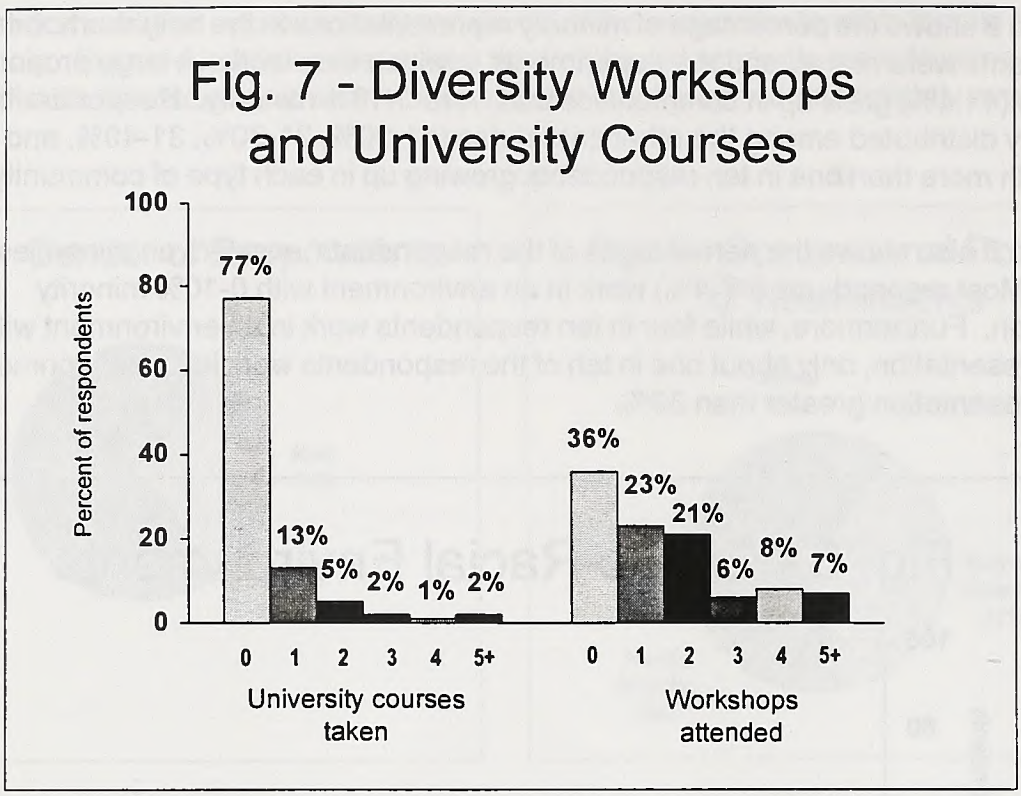
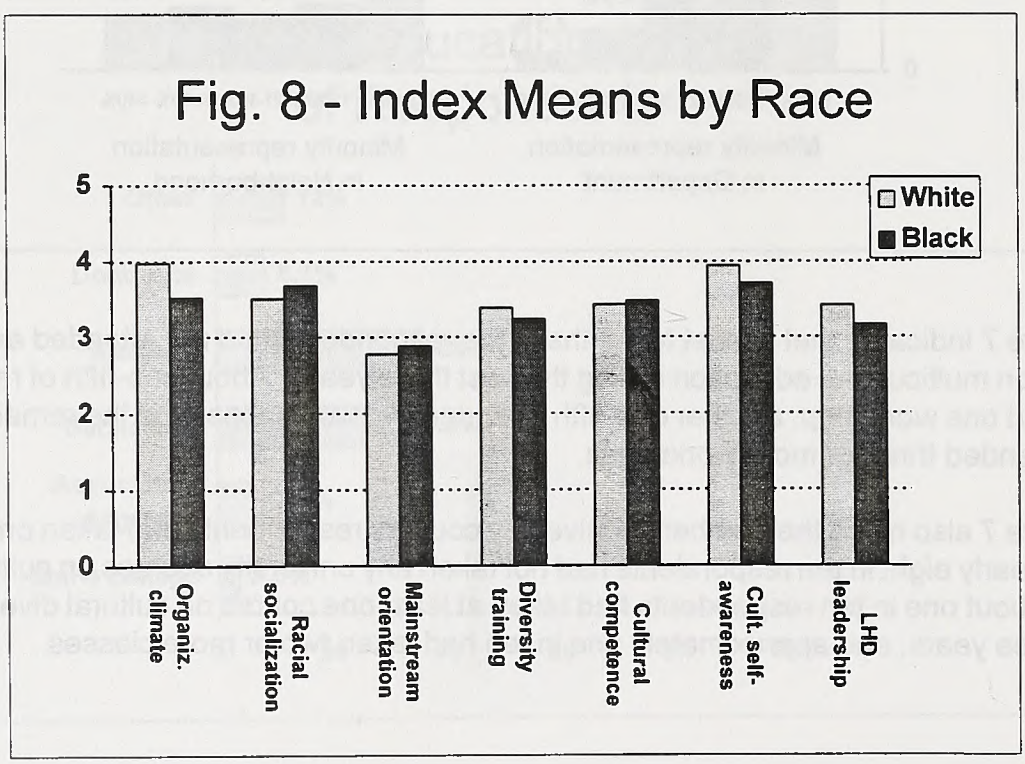


Figure 8 offers a graphic representation of the index, group, or item means by race. A mean of one indicates that the respondents strongly disagreed with the statements included in the index or group. A mean of five indicates that the respondents strongly agreed with the statements comprising the index.



White Americans rated organizational climate (3.98 versus 3.52), perception of colleagues' attitude toward cultural differences in the work place (3.86 versus 3.21), and older respondents (4.35 versus 3.5) higher than did African-Americans. On the other hand, African-Americans rated need for minority employees (3.93) higher than did White Americans (3.07). See Table 6 in Appendix A for the actual mean values.

2. Alpha Reliability

Table 5 summarizes the reliability instrumentation used for this study (see Appendix A, Table 5). Cronbach alpha coefficients are given for the following seven indexes. (Note: Cronbach alphas measure consistency among instrument items so that those measuring the same concepts can be reliably grouped together for analysis. Alpha values range from zero to one; the higher the value, the more reliable the grouping. Any coefficient that rounds to 0.6 or above is considered reliable.)

	Index	Reliability Coefficients	Survey Questions
1	Organizational Climate	.5707	2, 4, 19, 23, 25
2	Racial Socialization	.5967	5, 7, 9, 21
3	Mainstream Orientation	.7120	11, 15, 17
4	Diversity Training	.1957	13, 16, 34
5	Cultural Competence	.5097	33, 35, 38, 39, 40, 41, 42, 46
6	Cultural Self Awareness	.7096	20, 26, 27, 28, 29, 30, 45
7	Perception of Leadership of Local Health Directors	.6728	10, 22, 31, 32, 36, 43, 44

3. Total Profile

Responses, in percent and means, to the 46 statements of the Organizational Climate Assessment Questionnaire are presented in Table 1 (Appendix A). Table 1 provides a profile of the 46 statements and the information is reported in percentages and means. The following is a summary of these variables.

a. Diversity Awareness

Two questions measured aspects of diversity awareness (Statements 1, 6). Most respondents (96%) agreed with Statement 1, which stated that despite the progress that has been made in recent years, there is still prejudice in our society.

According to responses to Statement 6, a large proportion of respondents (92%) felt that diversity is an important issue facing society today. Only five percent of the respondents disagreed with this statement.

b. Organizational Climate

Statements 2, 4, 19, 23, and 25 addressed the organization's role in creating a work environment that is sensitive to cultural diversity. Most respondents (86%) agreed that the administrators of the health department make a genuine effort to create a climate for cultural differences (statement 2). Additionally, 92% of respondents felt that the organization has an obligation to promote and encourage positive racial interaction in all aspects of the work environment (statement 4). However, only 74% felt that it is the organization's responsibility to educate employees on how cultural factors affect job performance (statement 19).

Most of the respondents (80%) felt that the climate of the local health department was understanding and supportive of diversity among employees (statement 23). Only 9% of the respondents disagreed with this statement, while 11% did not have an opinion on this issue. Conversely, only 44% of the respondents felt that the local health department recognized the need among its minority employees to spend time with each other (statement 25) while 20% disagreed with the statement and 36% did not have an opinion about it.

c. Need for Minority Employees

Statements 3 and 24 represented employees' opinions regarding the need for increased representation of minorities within the organization. Reactions to both statements 3 and 24 were somewhat mixed. While 46% of the respondents agreed that special consideration should be made to increase the number of ethnic/racial minority employees, 35% disagreed (statement 3). Likewise, 49% agreed that more representation of ethnic/racial minority persons was needed within the organization, while 30% disagreed (statement 24).

d. Racial Socialization

Statements 5, 7, 9, and 21 were concerned with the racial socialization of employees. Almost all respondents (96%) noted that they were trained to maintain a positive perspective about themselves and their community (statement 21). Furthermore, most respondents (66%) said they focused on being self-reliant and goal-oriented instead of being concerned with racial matters (statement 5). However, 25% disagreed with this statement.

In terms of being exposed to different cultures, respondents had mixed responses. While 50% said they were exposed to different cultures, people, and situations, a slightly smaller proportion (45%) indicated that this was not a major part of their upbringing (statement 7). Likewise, 51% noted that their parents talked about ways to cope with and adapt to cultural/ racial groups (statement 9), but 46% indicated that their parents did not discuss these issues.

e. Mainstream Orientation

Three variables measured aspects of mainstream orientation (statements 11, 15, 17). Most respondents (61%) disagreed with statement 11 which stated that all people should adopt the values, beliefs, and behaviors reinforced in mainstream society. However, 12% agreed with this statement.

According to responses to statement 15, about half (52%) of the respondents did not feel that ethnic/racial employees should incorporate the attitudes and behaviors of mainstream society. On the other hand, 18% agreed with this statement.

More than one-half of the respondents (60%) agreed that minority employees should assimilate into the mainstream of the organization (statement 17), while 22% did not know and 18% disagreed.

f. Gender

Statement 12 addressed the issue of gender. Most respondents (78%) felt that women were well-respected at all levels of management in the local health department. Only 6% had no opinion while 16% disagreed with this statement.

g. Perceptions of Fellow Employees

Nearly seven in ten respondents (67%) agreed that their colleagues respect the cultural differences of fellow employees (statement 14). About two in ten (17%) had no opinion and 16% disagreed.

Most respondents (83%) indicated that their colleagues attempted to overcome prejudice and biases in the work environment (statement 18). Only 6% disagreed with this statement and 11% had no opinion.

h. Diversity Training

Nearly six in ten respondents (58%) felt that the organization had not had a sufficient number of workshops and in-service trainings on cultural diversity within the last three years (statement 13), while 18% believed the number was sufficient. On the other hand, more than seven in ten respondents (74%) indicated that they were exposed to training that allowed them to appreciate the cultural styles and values of different cultural groups (statement 34).

Most respondents (76%) felt there was an increasing need for all organizational training and events in public health to address more cultural diversity issues (statement 16). While 9% of the respondents disagreed with this statement, 15% did not have an opinion.

i. Cultural Competence

Statements 33, 35, 38, 39, 40, 41, 42, and 46 addressed the cultural competence of employees. While 76% of the respondents were aware of the family structure and values of different ethnic, racial, and cultural groups, 14% indicated that they were not aware of these differences (statement 35). Most respondents (90%) noted that they were comfortable discussing cultural/racial differences (statement 33).

Although the majority of respondents (72%) felt they were aware of the dual social roles

and responsibilities facing different groups (statement 39), only six in ten (55%) developed networks within ethnic/racial communities similar to those in the mainstream community (statement 38). Approximately 31% had not developed such networks. Only 40% of the respondents indicated that they understood the bicultural experiences of Hispanic/Latino children, while 43% did not feel they understood them (statement 40).

Awareness of community agencies and their work was high among respondents. Approximately 89% of the respondents felt they were aware of the community agencies in their area that served the African-American community (statement 41) and 74% said they knew how to effectively use community agencies in the African-American community to work with public health programs and services (statement 42). Additionally, 87% of the respondents said they understood how developing and implementing diversity initiatives would improve the effectiveness of public health services (statement 46).

j. Cultural Self-Awareness

Seven statements addressed cultural self-awareness (statements 20, 26, 27, 28, 29, 30, 45). Most respondents (88%) agreed that they made an attempt to overcome hidden cultural assumptions that interfered with effective intercultural interaction. However, 5%, disagreed with statement 45 and 7% had no opinion.

Statements 20 and 27 concerned cultural self-awareness in the workplace. A majority of respondents (94%) felt they did not have difficulty working with people of a different race, culture, or ethnic group, but 6% did have difficulty (statement 27). More than one-half of the respondents (52%) were comfortable with their knowledge on the history, culture, and lifestyles of ethnic/racial minority groups. Yet, 36% were not comfortable with statement 20 and 12% had no opinion.

Statements 26, 29, and 30 addressed the respondents' behavior in a culturally diverse workplace. Most respondents (78% and 96%, respectively) indicated that they either challenged their colleagues on ethnically and racially derogatory comments (statement 26) or tried to recognize and challenge the biases and prejudices that affected their own thinking and action (statement 29). On the other hand, 17% made no effort to challenge their colleagues on derogatory comments.

Seeking advice from minority peers on working with diverse groups (statement 30) seems to be very common among respondents. More than eight of ten respondents (83%) said they sought advice from professional peers of different ethnic and racial backgrounds regarding working effectively with people from diverse cultures and experiences. Only 10% noted that they disagreed with statement 30.

k. Older Employees

Statement 8 addressed the issue of working with older employees. Nearly all respondents (92%) indicated that older employees were respected and used effectively in the local health department. Only 3% disagreed with this statement and 5% had no opinion.

l. Perception of Leadership of Local Health Directors

Statements 10, 22, 31, 32, 36, 43, and 44 were concerned with the leadership provided by the local Health Director in dealing with diversity in the workplace. Most respondents (52%) felt that the Health Director was aware of cultural differences and the implications for public health programs and services (statement 36). However, 36% did not have an opinion on this statement and 12% disagreed.

Employees had mixed opinions as to whether health directors were willing and prepared to provide leadership in the area of diversity (statement 22). Four out of ten respondents (40%) did not have an opinion on this issue. One-half of the respondents believed the local health directors were willing to provide leadership in the area of diversity; 10% disagreed.

Nearly 37% of the respondents felt that the local Health Director did provide leadership in the area of diversity (statement 44) while 19% disagreed and 45% had no opinion. Many respondents (39%) did not know if local health directors were comfortable discussing racial/ cultural differences that occur between employees in the workplace (statement 31). Only 45% of the respondents believed they were comfortable with such discussions, while 17% felt the directors were not.

The behavior of respondents and local health directors in the workplace provides some indication as to their awareness of and methods of dealing with cultural diversity. Most respondents (54%) believed management should increase their efforts to hire employees from a variety of ethnic/racial groups (statement 10). On the other hand, 30% disagreed with this statement and 16% had no opinion.

The majority of respondents (68%) felt that supervisors treated all employees (regardless of race and culture) fairly, while 20% did not have an opinion and 11% disagreed (statement 32). Most respondents (58%) did not know if local health directors were prepared to build diversity initiatives into existing programs and services (statement 43). Only 26% believed they were, while 16% disagreed.

m. Physically Challenged (People with Handicaps)

Nearly nine of ten respondents (84%) said they were aware of the American with Disabilities Act guidelines and how they applied to the organization's programs and services (statement 37). Yet, 7% were still not aware and 9% did not have an opinion.

4. T-Tests of Indexes and Statements by Race

Indexes: Two-tailed t-tests were employed to measure the differences in means (arithmetic averages) between races on the five reliable indexes (those with reliability coefficients alphas above 0.6 on the Organizational Climate Assessment Questionnaire). These tests compare the responses of two groups (e.g., male vs. female or African-Americans vs. White Americans), without a priori assumptions about outcomes, to see if there are significant

differences in their responses. Significant differences by race were found on one, the Organizational Climate index: White Americans 3.98 versus African-Americans 3.52 (see Figure 8 and Table 6, Appendix A).

White Americans were significantly less likely than African-Americans to think that their colleagues respect minority groups and attempt to overcome biases in the workplace. Furthermore, White Americans were significantly more likely to believe that their workplace should contain more representation from ethnic/racial minority employees.

Statements: Although not indicated by the indexes, White Americans (n=102) were significantly more likely than African-Americans (n=15) to:

- Think the administration of the health department makes a genuine effort to create a climate for cultural differences (statement 2 - 4.31 versus 3.50);
- Feel that older employees were respected and used effectively in the organization (statement 8 - 4.35 versus 3.50);
- Think the climate of the local health department is one that is understanding and supportive of diversity among employees (statement 23 - 4.06 versus 2.93); and
- Feel that supervisors treat all employees (regardless of race and culture) fairly (statement 32 - 3.97 versus 3.00).

5. <u>T-Tests of Indexes and Statements by Occupational Position</u>

Indexes: In Table 7 (Appendix A), means for each of the three occupational classes are compared for the significant indexes. All comparisons discussed were statistically significant ($p < .05$). Only one of the five indexes showed significant differences by occupational position: Perception of Leadership of Local Health Directors. Health directors rated the leadership of the local Health Director higher than did nursing directors and other employees (3.51 versus 3.22 and 3.44).

Statements: Nursing directors and other respondents were less likely than health directors to:

- Feel that women are well-respected at all levels of management in the local health department (3.55 and 3.41 versus 4.49);
- Think that local health directors are willing to provide leadership in the area of diversity (3.05 and 3.57 versus 3.80); and
- Challenge their colleagues on ethnically and racially derogatory comments (3.85 and 3.50 versus 4.13).

6. T-Tests of Indexes and Statements by Other Background Variables

Indexes: Significant difference was found on the Perception of Leadership of Local Health Directors:

- Male respondents (n=81) were more likely than female respondents (n=35) to perceive that local health directors are willing and able to provide leadership in the area of cultural diversity (3.54 versus 3.34).

Statements: Employees over the age of 45 were more likely than younger people to:

- Feel that the administration makes an effort to create a climate for cultural differences (statement 2 - 4.44 versus 3.89);
- Think that women are well-respected at all levels of management in the local health department (statement 12 - 4.10 versus 3.60);
- Think the organization has had a sufficient number of workshops and in-service trainings on cultural diversity within the last three years (statement 13 - 2.70 versus 2.30);
- Think that ethnic/racial minority employees should be assimilated into the mainstream of the organization (statement 17 - 3.73 versus 3.09);
- Think that local health directors are willing to provide leadership in the area of diversity (statement 22 - 3.61 versus 3.30);
- Feel that the climate of the local health department is understanding and supportive of diversity among employees (statement 23 - 4.14 versus 3.64);

Male respondents were more likely than female respondents to:

- Feel that the administration makes a genuine effort to create a climate for cultural differences (statement 2 - 4.45 versus 4.09);
- Think that older employees are respected and used effectively in the organization (statement 8 - 4.44 versus 4.16); and
- Think that women are well-respected at all levels of management in the local health organization (statement 12 - 4.50 versus 3.59).

Respondents with a graduate degree were more likely than those with a bachelor's degree or less education to:

- Think that women are well-respected at all levels of management in the local health organization (statement 12 - 4.36 versus 3.35);
- Think that local health directors are willing to provide leadership in the area of diversity (statement 22 - 3.69 versus 3.20);
- Feel that local health directors are comfortable discussing racial/cultural differences that occur between employees in the workplace (statement 31 - 3.31 versus 3.18); and
- Think that local health directors are aware of cultural differences and the implications for public health programs and services (statement 36 - 3.75 versus 3.32).

Respondents who have been employed in public health for less than 12 years were more likely than those who have been employed more than 12 years to:

- Have been exposed to training that allows them to appreciate the cultural styles and values of different cultural groups (statement 34 - 3.93 versus 3.59);
- Be aware of the family structure and values of different ethnic, racial, and cultural groups (statement 35 - 3.93 versus 3.61);
- Have developed networks within ethnic/racial communities similar to those in the mainstream community (statement 38 - 3.54 versus 3.16);
- Make an attempt to overcome hidden cultural assumptions that interfere with effective intercultural interaction (statement 45 - 4.12 versus 3.88); and
- Understand how developing and implementing diversity initiatives will positively affect public health effectiveness in providing services to clients (statement 46 - 4.33 versus 3.94).

IV. SUMMARY

The focus groups and survey results offer a profile for the Office of Minority Health on the organizational climate of the local health departments. This research also offers a description of the relationship of background differences in the attitudes, beliefs, perceptions, and actions of the respondents and analyzes differences between groups of respondents.

- Most of the respondents were White (87.2%), ranged in age from 36 to 55 (67%), were female (69.8%), had at least a bachelor's degree (76.5%), and were Health Directors or Nursing Directors (73.5%).

- Most respondents had been exposed to some training that allowed them to appreciate the cultural styles and values of different groups. This is particularly true for those respondents who were new to public health service.

- One-third of the respondents had not attended diversity workshops (35.9%); three-fourths had not had university courses (76.7%) on multicultural diversity.

- Findings suggest that the respondents consider diversity and prejudice to be important issues in society.

- Respondents felt that public health has an obligation to promote intercultural interactions in the work environment and to educate employees on how cultural factors affect job performance. Furthermore, respondents felt that public health makes a genuine effort to establish a positive climate for cultural differences and, in fact, has created an environment that is supportive of diversity among employees.

- Employees felt they did not have difficulty working with people of a different race, culture, or ethnic group. Most of the respondents sought advice from minority counterparts on working with different groups.

- Most respondents felt that their colleagues respect the cultural differences of fellow employees and attempt to overcome biases in the workplace.

- Almost all respondents said they attempted to overcome hidden assumptions that interfere with their interaction with people of other cultures. Also, they felt they understood how developing and implementing diversity initiatives would have a positive effect on the provision of public health services to clients.

- Awareness and understanding of minority groups is somewhat mixed. A large proportion of respondents said they were aware of the family structure/values of different groups and dual roles of minority parents, Their stated understanding of bicultural experiences of ethnic groups is somewhat lower.

- Only one-half of the respondents felt comfortable with their knowledge of the history, culture, and lifestyles of minority groups.

- Respondents had learned to maintain a positive perspective and to focus on being self-reliant/confident instead of being concerned with racial matters. However, nearly one-half were not exposed to different cultures, people, and situations in their upbringing. Furthermore, nearly half the respondents indicated that their parents did not discuss racism/prejudice or ways to cope with and adapt to cultural/racial groups.

- While respondents tried to recognize and challenge the biases that affect their own thinking, they were somewhat less likely to challenge their colleagues on gender/ethnic derogatory comments.

- About 61% of the respondents did not think all people should adopt the values, beliefs, and behaviors reinforced in mainstream society. Furthermore, about one-half (52%) did not feel that ethnic/racial employees should incorporate the attitudes and behaviors of mainstream society. However, most (60%) felt that minority employees should assimilate into the mainstream of public health.

- Efforts to learn about the richness of cultural events or to develop networks within culturally diverse communities did not seem to be relatively common. Respondents were aware of minority community agencies and indicated that they know how to use them.

- Respondents had mixed opinions regarding the need for increasing minority representation within the organization.

- There were also significant differences in responses among different demographic groups. African-Americans were more likely to think minority representation should be increased. White Americans were more likely to think the local health departments do a good job of recognizing and dealing with diversity in the workplace.

- Strong reliabilities were found on five of the indexes (Table 5). There were significant differences by race on one of the five reliable indexes: White Americans responded with significantly higher means for organizational climate and perception of colleagues, while African-Americans had significantly higher means on the question of the need for more minority employees.

- Respondents who had been in public health for less than 12 years were more likely to have been exposed to diversity training and to have developed networks in minority communities. Furthermore, they were more likely to make attempts to overcome hidden cultural assumptions that interfere with effective intercultural interactions.

- A majority of the respondents felt that the local health department had not offered a sufficient number of events and workshops on valuing diversity. Also, people believe there is a need for organizational events to address more cultural diversity issues.

- Respondents were aware of the ADA guidelines and how they apply to the organization's programs and services.
- Males were more likely than females to think the administration shows respect for older and female respondents.
- There was variation in indexes by occupational positions. Health directors rated the perception of leadership by a Health Director higher than did nursing directors and other respondents.
- The existence of respect for women at all levels of management and perception of leadership of health directors were rated higher by people who had a graduate degree.
- Local health directors were noted for being aware of cultural differences and the marketplace implications.
- A potential point of concern is the fact that respondents had mixed opinions regarding the extent to which public health recognizes the need for self-segregation among employees.

V. OBSERVATIONS

In general, respondents seemed to be satisfied with the organizational climate and work experiences at their local health departments. Specifically, they felt that the environment promotes teamwork and a sense of community. Also, respondents said that the climate within the LHD is understanding and supportive of minorities. In addition, they reported that work experiences have prepared them to work in culturally diverse settings. Thus, it is not surprising that respondents indicated little difficulty with regard to working with minority employees.

Findings suggest that respondents were likely to be open to cultural education. Overall, the respondents had a high cultural self-awareness, as they perceive prejudice and diversity to be important issues impacting society. Furthermore, they claimed to have a basic understanding of the impact culture can have on their behavior, values, and interactions with people who are of different groups. As a result of these perceptions, many people said they had thought about the consequences of their words/actions before engaging in speech and other actions. Furthermore, they said they attempted to recognize and overcome hidden assumptions that interfere with intercultural interactions.

Some people may be struggling with the issue of mainstream orientation. Respondents had somewhat mixed views regarding the assimilation of minorities into mainstream society. Many felt that all people, including diverse groups, should adopt the values, beliefs, and behaviors reinforced in mainstream society.

Although many people said they felt comfortable with their knowledge of the history, culture, and lifestyles of minority groups, their responses regarding socialization suggest that there may be a need for classes/workshops on diversity education/training. Respondents' experiences with different cultural groups were limited. Most people were reared in neighborhoods that offered minimum exposure to different cultures, people and situations. Furthermore, a majority of respondents noted that their parents did not discuss racism, prejudice, or ways to adapt to different groups. College and workplace experiences have involved minimum contact with different cultural groups, as well.

Another finding that indicates that diversity education/training might be needed is the level of exposure to diversity training, particularly for more experienced respondents. Most respondents noted that they were not exposed to training for appreciating the cultural styles and values of different groups.

Respondents generally viewed local health directors in a favorable manner, as well. They were noted for being aware of cultural differences and the marketplace implications.

Employee interactions represent an opportunity for enhancing the organizational climate. While colleagues were perceived to respect the cultural differences of fellow employees, a large segment of respondents did not challenge their peers on gender/ethnic derogatory comments. Increased communications were likely to enhance relationships among employees of different groups.

Another point of concern regarding the organizational climate was respondents' perceptions of self-segregation. In general, respondents had somewhat mixed views regarding the extent to which the LHD recognizes the need for self-segregation among employees.

Employee training on developing contacts in minority communities is likely to be beneficial, as contact by LHD respondents with diverse communities was limited. About one-third of the respondents have not developed networks within culturally diverse communities similar to those in their own community, and, while most respondents seemed to be aware of community agencies that serve under-represented groups, some did not know how to effectively utilize these agencies.

VI. RECOMMENDATIONS

This report indicates the need for a statewide, comprehensive, ongoing Cultural Diversity Training program for Public Health. The Office of Minority Health should be the lead agency in coordinating this initiative, but should involve key health divisions and offices in the planning, development, and implementation of the program.

Components of the program should include the following:

1. A strategic planning session should be held to develop a long-range plan for cultural diversity training in public health involving key public health staff representatives.

   - Strategies should be outlined for building the training capacity within public health in order to promote effective systems change and to improve services to diverse public health clients.

   - Strategies should be outlined for providing training to central, regional, and local health department administrators and staff.

2. A statewide educational campaign on OMH's cultural diversity training program should be developed and implemented using mass media and marketing strategies.

3. An ongoing assessment component should be developed to obtain feedback and recommendations for improvement from participants and "trainers" and to ensure that the systems change process is well-documented.

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VIII. APPENDICES

APPENDIX A - Tables

APPENDIX B - Focus Group Responses

APPENDIX C - Summary of Recommendations of the Minority Members of the Advisory Committees to the N.C Health Planning Commission

APPENDIX A - TABLES

NOTE: Appendix A - Data were analyzed by univariate analysis on background variables, 46 items on multicultural education/organizational climate, and indexes (or groupings) on multicultural education/organizational climate. T-tests were used to find the differences between racial groups (African-American and White) and occupational classes (Health Directors and Nursing Directors) on a variety of diversity issues. Reliability tests (Cronbach's alpha) were also conducted on each index. Values from .55 to .59 were rounded up; indexes with resulting alphas above 0.6 were included in the t-test analysis.

Table 1
TOTAL SAMPLE'S RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 1 - Despite the progress that has been made in recent years, there is still prejudice in our society.	4.44	2.7	1.8	0.0	40.2	55.4
STATEMENT 2 - The administration of this health department makes a genuine effort to create a climate for cultural differences.	4.19	0.9	4.5	8.1	47.7	38.7
STATEMENT 3 - Special consideration should be made to increase the number of ethnic/racial minority employees.	3.11	9.8	25.0	19.6	35.7	9.8
STATEMENT 4 - The organization has an obligation to promote and encourage positive racial interaction in all aspects of the work environment.	4.45	2.7	1.8	3.6	32.1	59.8
STATEMENT 5 - I was raised not to be concerned with racial matters but to focus more on being independent and goal oriented.	3.66	3.6	21.8	8.2	37.3	29.1
STATEMENT 6 - Diversity is an important issue facing society today.	4.24	0.0	5.4	2.7	54.5	37.5
STATEMENT 7 - Exposure to different cultures, people, and situations, was a major part of my upbringing.	3.21	7.2	37.8	4.5	27.9	22.5
STATEMENT 8 - Older employees are respected and used effectively in this organization.	4.25	0.9	1.8	5.4	55.4	36.6
STATEMENT 9 - My parents discussed with me the various ways to cope and adapt to cultural and racial groups.	3.06	12.5	33.0	3.6	37.5	13.4
STATEMENT 10 - Management should increase their efforts to hire employees from a variety of ethnic/racial groups.	3.31	6.2	23.9	15.9	40.7	13.3
STATEMENT 11 - People should adopt the values, beliefs, and behaviors that are reinforced in the mainstream of American society.	2.40	14.5	46.4	27.3	8.2	3.6

Item Ratings: 1=Strongly disagree
2=Disagree 3=Don't know 4=Agree
5=Strongly agree
Means = Arithmetic average of responses

continued...

Table 1 (continued)
TOTAL SAMPLE'S RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 12 - Women are well respected at all levels of management in the local health department.	3.90	3.6	12.5	6.3	45.5	32.1
STATEMENT 13 - The organization has had a sufficient number of workshops and in-service training on cultural diversity within the last three years.	2.52	11.4	46.5	24.6	14.0	3.5
STATEMENT 14 - My colleagues respect the cultural differences of fellow employees.	3.66	0.9	15.0	16.8	51.3	15.9
STATEMENT 15 - Ethnic/racial minority employees should incorporate the attitudes and behaviors of mainstream society.	2.57	11.6	40.2	30.4	15.2	2.7
STATEMENT 16 - I am aware of the increasing need for all organizational training and events in public health to address more cultural diversity issues.	3.86	2.7	6.2	15.0	54.9	21.2
STATEMENT 17 - Ethnic/racial minority employees should assimilate into the mainstream of the organization.	3.45	4.4	14.0	21.9	51.8	7.9
STATEMENT 18 - My colleagues attempt to overcome prejudices and biases in the work environment.	3.89	0.9	5.4	10.7	69.6	13.4
STATEMENT 19 - The organization has an obligation to educate employees to understand how cultural factors impact job performance.	3.76	2.6	11.4	12.3	54.4	19.3
STATEMENT 20 - I am comfortable with my knowledge on the history, culture and lifestyles of ethnic/racial minority groups.	3.21	3.5	32.5	12.3	43.0	8.8
STATEMENT 21 - I was socialized to maintain a positive perspective about myself and my community.	4.28	1.8	0.0	2.7	59.3	36.3
STATEMENT 22 - Local health directors are willing to provide leadership in the area of diversity.	3.48	3.5	6.1	40.4	38.6	11.4

continued...

Table 1 (continued)
TOTAL SAMPLE'S RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 23 - The climate of the local health department is one that is understanding and supportive of diversity among employees.	3.91	0.9	7.9	11.4	58.8	21.1
STATEMENT 24 - More representation of ethnic/racial minority persons is needed within the organization.	3.24	3.6	26.8	20.5	40.2	8.9
STATEMENT 25 - This organization recognizes the need among its minority employees to spend time with each other at times.	3.22	5.8	14.4	35.6	40.4	3.8
STATEMENT 26 - I challenge my colleagues on ethnically and racially derogatory comments.	3.87	0.9	16.2	4.5	51.4	27.0
STATEMENT 27 - I have no difficulty working with people of a different race, culture or ethnic group.	4.35	2.6	3.5	0.0	43.9	50.0
STATEMENT 28 - I make an extra effort to learn about and appreciate the richness of other cultures' holidays, events and traditions.	3.80	0.0	18.4	6.1	52.6	22.8
STATEMENT 29 - I try to recognize and challenge the biases and prejudices that affect my own thinking and action.	4.32	0.9	0.0	2.6	59.6	36.8
STATEMENT 30 - I seek advice from my professional peers of different ethnic and racial backgrounds regarding working effectively with people from diverse cultures and experiences.	3.93	0.9	9.0	7.2	62.2	20.7
STATEMENT 31 - Local health directors are comfortable discussing racial/cultural differences that occur between employees in the workplace.	3.33	2.6	14.0	38.6	36.8	7.9
STATEMENT 32 - Supervisors treat all employees (regardless of race and culture) fairly.	3.83	2.6	8.8	20.2	39.5	28.9
STATEMENT 33 - I find the topic and discussion of cultural/racial differences to be unpleasant and uncomfortable.	1.94	28.1	61.4	2.6	4.4	3.5

continued...

Table 1 (continued)
TOTAL SAMPLE'S RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 34 - I have been exposed to training that allows me to appreciate the cultural styles and values of different cultural groups.	3.72	1.8	16.7	7.9	55.3	18.4
STATEMENT 35 - I am aware of the family structure and values of different ethnic, racial and cultural groups.	3.73	0.0	14.2	9.7	65.5	10.6
STATEMENT 36 - Local health directors are aware of cultural differences and the implications for public health programs and services.	3.55	0.9	11.4	36.0	35.1	16.7
STATEMENT 37 - I am aware of the new American Disabilities Act (ADA) guidelines and how they apply to the organization's programs and services.	4.01	0.9	6.1	8.8	59.6	24.6
STATEMENT 38 - I have developed networks within ethnic/racial communities similar to those in the mainstream community.	3.29	2.7	28.6	13.4	47.3	8.0
STATEMENT 39 - I am aware of the dual socialization roles and responsibilities facing different groups.	3.69	2.7	6.3	18.8	64.3	8.0
STATEMENT 40 - I understand the bicultural experiences of Hispanic/Latino children.	3.03	2.6	40.4	17.5	30.7	8.8
STATEMENT 41 - I am aware of the community agencies in my area that serve the African-American community.	4.04	0.9	6.2	4.4	64.6	23.9
STATEMENT 42 - I know how to effectively utilize community agencies in the African-American community to work with public health programs and services.	3.76	0.9	8.1	17.1	62.2	11.7
STATEMENT 43 - Local health directors are prepared to build diversity initiatives into the existing programs and services.	3.12	1.8	14.0	57.9	22.8	3.5
STATEMENT 44 - Local health directors provide leadership in the area of diversity.	3.23	0.0	18.8	44.6	31.3	5.4

continued...

Table 1 (continued)
TOTAL SAMPLE'S RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 45 - I make an attempt to overcome hidden cultural assumptions that interfere with effective intercultural interaction.	3.96	1.8	2.7	7.1	74.1	14.3
STATEMENT 46 - I understand how developing and implementing diversity initiatives will positively impact on public health effectiveness in providing services to its clients.	4.08	1.8	4.5	6.3	58.6	28.8

N=121

Table 2
HEALTH DIRECTORS' RESPONSES TO SURVEY QUESTIONS

	PERCENT OF RESPONDENTS					
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 1 - Despite the progress that has been made in recent years, there is still prejudice in our society.	4.35	2.5	5.0	0.0	40.0	52.5
STATEMENT 2 - The administration of this health department makes a genuine effort to create a climate for cultural differences.	4.38	0.0	2.5	2.5	50.0	45.0
STATEMENT 3 - Special consideration should be made to increase the number of ethnic/racial minority employees.	3.12	14.6	22.0	17.1	29.3	17.1
STATEMENT 4 - The organization has an obligation to promote and encourage positive racial interaction in all aspects of the work environment.	4.54	2.4	2.4	4.9	19.5	70.7
STATEMENT 5 - I was raised not to be concerned with racial matters but to focus more on being independent and goal oriented.	3.62	7.7	17.9	10.3	33.3	30.8
STATEMENT 6 - Diversity is an important issue facing society today.	4.29	0.0	7.3	2.4	43.9	46.3
STATEMENT 7 - Exposure to different cultures, people, and situations, was a major part of my upbringing.	3.38	7.5	35.0	2.5	22.5	32.5
STATEMENT 8 - Older employees are respected and used effectively in this organization.	4.39	0.0	0.0	2.4	56.1	41.5
STATEMENT 9 - My parents discussed with me the various ways to cope and adapt to cultural and racial groups.	3.20	17.5	22.5	2.5	37.5	20.0
STATEMENT 10 - Management should increase their efforts to hire employees from a variety of ethnic/racial groups.	3.20	9.8	29.3	9.8	31.7	19.5
STATEMENT 11 - People should adopt the values, beliefs, and behaviors that are reinforced in the mainstream of American society.	2.49	15.4	41.0	28.2	10.3	5.1

Item Ratings: 1=Strongly disagree 2=Disagree 3=Don't know 4=Agree 5=Strongly agree

Means = Arithmetic average of responses

continued...

Table 2 (continued)
HEALTH DIRECTORS' RESPONSES TO SURVEY QUESTIONS

	PERCENT OF RESPONDENTS					
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 12 - Women are well respected at all levels of management in the local health department.	4.49	0.0	2.4	0.0	43.9	53.7
STATEMENT 13 - The organization has had a sufficient number of workshops and in-service training on cultural diversity within the last three years.	2.56	14.6	43.9	19.5	14.6	7.3
STATEMENT 14 - My colleagues respect the cultural differences of fellow employees.	3.65	0.0	15.0	20.0	50.0	15.0
STATEMENT 15 - Ethnic/racial minority employees should incorporate the attitudes and behaviors of mainstream society.	2.49	10.3	46.2	30.8	10.3	2.6
STATEMENT 16 - I am aware of the increasing need for all organizational training and events in public health to address more cultural diversity issues.	3.68	4.9	7.3	24.4	41.5	22.0
STATEMENT 17 - Ethnic/racial minority employees should assimilate into the mainstream of the organization.	3.41	7.3	12.2	22.0	48.8	9.8
STATEMENT 18 - My colleagues attempt to overcome prejudices and biases in the work environment.	3.95	2.6	5.1	7.7	64.1	20.5
STATEMENT 19 - The organization has an obligation to educate employees to understand how cultural factors impact job performance.	3.61	4.9	14.6	14.6	46.3	19.5
STATEMENT 20 - I am comfortable with my knowledge on the history, culture and lifestyles of ethnic/racial minority groups.	3.37	4.9	24.4	14.6	41.5	14.6
STATEMENT 21 - I was socialized to maintain a positive perspective about myself and my community.	4.38	0.0	0.0	2.5	57.5	40.0
STATEMENT 22 - Local health directors are willing to provide leadership in the area of diversity.	3.80	0.0	2.4	31.7	48.8	17.1
STATEMENT 23 - The climate of the local health department is one that is understanding and supportive of diversity among employees.	4.10	0.0	4.9	12.2	51.2	31.7

continued...

Table 2 (continued)
HEALTH DIRECTORS' RESPONSES TO SURVEY QUESTIONS

	PERCENT OF RESPONDENTS					
	MEANS	STRONGLY	DISAGREE	DON'T	AGREE	STRONGLY
STATEMENT 24 - More representation of ethnic/racial minority persons is needed within the organization.	3.28	7.5	20.0	20.0	42.5	10.0
STATEMENT 25 - This organization recognizes the need among its minority employees to spend time with each other at times.	3.29	8.8	8.8	32.4	44.1	5.9
STATEMENT 26 - I challenge my colleagues on ethnically and racially derogatory comments.	4.13	0.0	10.0	2.5	52.5	35.0
STATEMENT 27 - I have no difficulty working with people of a different race, culture or ethnic group.	4.44	0.0	0.0	0.0	56.1	43.9
STATEMENT 28 - I make an extra effort to learn about and appreciate the richness of other cultures' holidays, events and traditions.	3.68	0.0	19.5	14.6	43.9	22.0
STATEMENT 29 - I try to recognize and challenge the biases and prejudices that affect my own thinking and action.	4.32	0.0	0.0	7.5	52.5	40.0
STATEMENT 30 - I seek advice from my professional peers of different ethnic and racial backgrounds regarding working effectively with people from diverse cultures and experiences.	3.80	0.0	15.0	10.0	55.0	20.0
STATEMENT 31 - Local health directors are comfortable discussing racial/cultural differences that occur between employees in the workplace.	3.41	2.4	14.6	31.7	41.5	9.8
STATEMENT 32 - Supervisors treat all employees (regardless of race and culture) fairly.	3.90	2.4	7.3	19.5	39.0	31.7
STATEMENT 33 - I find the topic and discussion of cultural/racial differences to be unpleasant and uncomfortable.	1.98	24.4	65.9	2.4	2.4	4.9
STATEMENT 34 - I have been exposed to training that allows me to appreciate the cultural styles and values of different cultural groups.	3.68	4.9	17.1	0.0	61.0	17.1

continued...

Table 2 (continued)
HEALTH DIRECTORS' RESPONSES TO SURVEY QUESTIONS

	PERCENT OF RESPONDENTS					
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 35 - I am aware of the family structure and values of different ethnic, racial and cultural groups.	3.85	0.0	12.2	2.4	73.2	12.2
STATEMENT 36 - Local health directors are aware of cultural differences and the implications for public health programs and services.	3.78	0.0	4.9	31.7	43.9	19.5
STATEMENT 37 - I am aware of the new American Disabilities Act (ADA) guidelines and how they apply to the organization's programs and services.	4.15	2.4	2.4	4.9	58.5	31.7
STATEMENT 38 - I have developed networks within ethnic/racial communities similar to those in the mainstream community.	3.47	5.0	20.0	10.0	52.5	12.5
STATEMENT 39 - I am aware of the dual socialization roles and responsibilities facing different groups.	3.67	7.5	2.5	15.0	65.0	10.0
STATEMENT 40 - I understand the bicultural experiences of Hispanic/Latino children.	3.17	4.9	34.1	12.2	36.6	12.2
STATEMENT 41 - I am aware of the community agencies in my area that serve the African-American community.	3.97	0.0	7.5	5.0	70.0	17.5
STATEMENT 42 - I know how to effectively utilize community agencies in the African-American community to work with public health programs and services.	3.77	0.0	7.7	20.5	59.0	12.8
STATEMENT 43 - Local health directors are prepared to build diversity initiatives into the existing programs and services.	3.13	5.0	10.0	55.0	27.5	2.5
STATEMENT 44 - Local health directors provide leadership in the area of diversity.	3.35	0.0	20.0	35.0	35.0	10.0
STATEMENT 45 - I make an attempt to overcome hidden cultural assumptions that interfere with effective intercultural interaction.	3.92	5.1	2.6	5.1	69.2	17.9
STATEMENT 46 - I understand how developing and implementing diversity initiatives will positively impact on public health effectiveness in providing services to its clients.	4.08	5.1	5.1	2.6	51.3	35.9

N=42

Table 3
NURSING DIRECTORS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 1 - Despite the progress that has been made in recent years, there is still prejudice in our society.	4.5	2.4	0.0	0.0	41.5	56.1
STATEMENT 2 - The administration of this health department makes a genuine effort to create a climate for cultural differences.	4.2	2.5	5.0	5.0	42.5	45.0
STATEMENT 3 - Special consideration should be made to increase the number of ethnic/racial minority employees.	3.1	2.5	32.5	22.5	37.5	5.0
STATEMENT 4 - The organization has an obligation to promote and encourage positive racial interaction in all aspects of the work environment.	4.5	2.5	0.0	0.0	37.5	60.0
STATEMENT 5 - I was raised not to be concerned with racial matters but to focus more on being independent and goal oriented.	3.8	2.5	20.0	7.5	40.0	30.0
STATEMENT 6 - Diversity is an important issue facing society today.	4.3	0.0	2.5	2.5	60.0	35.0
STATEMENT 7 - Exposure to different cultures, people, and situations, was a major part of my upbringing.	3.0	5.0	42.5	7.5	35.0	10.0
STATEMENT 8 - Older employees are respected and used effectively in this organization.	4.1	2.4	2.4	4.9	61.0	29.3
STATEMENT 9 - My parents discussed with me the various ways to cope and adapt to cultural and racial groups.	3.1	4.9	41.5	7.3	34.1	12.2
STATEMENT 10 - Management should increase their efforts to hire employees from a variety of ethnic/racial groups.	3.3	0.0	26.8	22.0	43.9	7.3
STATEMENT 11 - People should adopt the values, beliefs, and behaviors that are reinforced in the mainstream of American society.	2.4	7.5	55.0	27.5	7.5	2.5

continued...

Item Ratings: 1=Strongly disagree 2=Disagree 3=Don't know 4=Agree 5=Strongly agree

Means = Arithmetic average of responses

Table 3 (continued)
NURSING DIRECTORS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 12 - Women are well respected at all levels of management in the local health department.	3.6	5.0	17.5	12.5	47.5	17.5
STATEMENT 13 - The organization has had a sufficient number of workshops and in-service training on cultural diversity within the last three years.	2.6	7.3	48.8	26.8	14.6	2.4
STATEMENT 14 - My colleagues respect the cultural differences of fellow employees.	3.7	0.0	19.5	9.8	48.8	22.0
STATEMENT 15 - Ethnic/racial minority employees should incorporate the attitudes and behaviors of mainstream society.	2.8	7.3	31.7	39.0	17.1	4.9
STATEMENT 16 - I am aware of the increasing need for all organizational training and events in public health to address more cultural diversity issues.	4.1	2.5	0.0	12.5	60.0	25.0
STATEMENT 17 - Ethnic/racial minority employees should assimilate into the mainstream of the organization.	3.5	2.4	12.2	26.8	48.8	9.8
STATEMENT 18 - My colleagues attempt to overcome prejudices and biases in the work environment.	3.9	0.0	2.4	17.1	65.9	14.6
STATEMENT 19 - The organization has an obligation to educate employees to understand how cultural factors impact job performance.	3.8	2.4	9.8	14.6	56.1	17.1
STATEMENT 20 - I am comfortable with my knowledge on the history, culture and lifestyles of ethnic/racial minority groups.	3.1	2.4	34.1	17.1	41.5	4.9
STATEMENT 21 - I was socialized to maintain a positive perspective about myself and my community.	4.3	2.4	0.0	4.9	53.7	39.0
STATEMENT 22 - Local health directors are willing to provide leadership in the area of diversity.	3.1	9.8	12.2	43.9	31.7	2.4
STATEMENT 23 - The climate of the local health department is one that is understanding and supportive of diversity among employees.	3.9	0.0	12.2	7.3	58.5	22.0

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Table 3
NURSING DIRECTORS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 24 - More representation of ethnic/racial minority persons is needed within the organization.	3.2	0.0	31.7	24.4	36.6	7.3
STATEMENT 25 - This organization recognizes the need among its minority employees to spend time with each other at times.	3.3	2.6	10.5	39.5	44.7	2.6
STATEMENT 26 - I challenge my colleagues on ethnically and racially derogatory comments.	3.9	2.6	10.3	10.3	53.8	23.1
STATEMENT 27 - I have no difficulty working with people of a different race, culture or ethnic group.	4.3	2.4	7.3	0.0	36.6	53.7
STATEMENT 28 - I make an extra effort to learn about and appreciate the richness of other cultures' holidays, events and traditions.	4.1	0.0	12.2	0.0	58.5	29.3
STATEMENT 29 - I try to recognize and challenge the biases and prejudices that affect my own thinking and action.	4.3	2.4	0.0	0.0	59.5	38.1
STATEMENT 30 - I seek advice from my professional peers of different ethnic and racial backgrounds regarding working effectively with people from diverse cultures and experiences.	4.0	0.0	7.5	5.0	65.0	22.5
STATEMENT 31 - Local health directors are comfortable discussing racial/cultural differences that occur between employees in the workplace.	3.2	2.4	19.5	36.6	36.6	4.9
STATEMENT 32 - Supervisors treat all employees (regardless of race and culture) fairly.	3.8	2.4	12.2	17.1	36.6	31.7
STATEMENT 33 - I find the topic and discussion of cultural/racial differences to be unpleasant and uncomfortable.	2.0	24.4	63.4	2.4	4.9	4.9
STATEMENT 34 - I have been exposed to training that allows me to appreciate the cultural styles and values of different cultural groups.	3.8	0.0	14.6	9.8	56.1	19.5

continued...

Table 3
NURSING DIRECTORS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 35 - I am aware of the family structure and values of different ethnic, racial and cultural groups.	3.5	0.0	19.5	17.1	56.1	7.3
STATEMENT 36 - Local health directors are aware of cultural differences and the implications for public health programs and services.	3.3	2.4	17.1	41.5	24.4	14.6
STATEMENT 37 - I am aware of the new American Disabilities Act (ADA) guidelines and how they apply to the organization's programs and services.	4.1	0.0	4.9	7.3	63.4	24.4
STATEMENT 38 - I have developed networks within ethnic/racial communities similar to those in the mainstream community.	3.2	0.0	31.7	22.0	39.0	7.3
STATEMENT 39 - I am aware of the dual socialization roles and responsibilities facing different groups.	3.8	0.0	9.8	14.6	63.4	12.2
STATEMENT 40 - I understand the bicultural experiences of Hispanic/Latino children.	2.8	2.4	43.9	26.8	24.4	2.4
STATEMENT 41 - I am aware of the community agencies in my area that serve the African-American community.	4.2	0.0	4.9	2.4	61.0	31.7
STATEMENT 42 - I know how to effectively utilize community agencies in the African-American community to work with public health programs and services.	3.8	0.0	7.3	17.1	61.0	14.6
STATEMENT 43 - Local health directors are prepared to build diversity initiatives into the existing programs and services.	3.1	0.0	16.7	59.5	19.0	4.8
STATEMENT 44 - Local health directors provide leadership in the area of diversity.	3.1	0.0	27.5	40.0	30.0	2.5
STATEMENT 45 - I make an attempt to overcome hidden cultural assumptions that interfere with effective intercultural interaction.	4.0	0.0	4.9	4.9	73.2	17.1
STATEMENT 46 - I understand how developing and implementing diversity initiatives will positively impact on public health effectiveness in providing services to its clients.	4.1	0.0	2.5	5.0	70.0	22.5

N=44

Table 4
OTHER POSITIONS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 1 - Despite the progress that has been made in recent years, there is still prejudice in our society.	4.56	0.0	0.0	0.0	44.4	55.6
STATEMENT 2 - The administration of this health department makes a genuine effort to create a climate for cultural differences.	3.89	0.0	7.4	18.5	51.9	22.2
STATEMENT 3 - Special consideration should be made to increase the number of ethnic/racial minority employees.	3.04	11.1	22.2	22.2	40.7	3.7
STATEMENT 4 - The organization has an obligation to promote and encourage positive racial interaction in all aspects of the work environment.	4.19	3.7	3.7	3.7	48.1	40.7
STATEMENT 5 - I was raised not to be concerned with racial matters but to focus more on being independent and goal oriented.	3.67	0.0	29.6	3.7	37.0	29.6
STATEMENT 6 - Diversity is an important issue facing society today.	4.04	0.0	7.4	3.7	66.7	22.2
STATEMENT 7 - Exposure to different cultures, people, and situations, was a major part of my upbringing.	3.19	11.1	37.0	0.0	25.9	25.9
STATEMENT 8 - Older employees are respected and used effectively in this organization.	4.19	0.0	3.7	11.1	48.1	37.0
STATEMENT 9 - My parents discussed with me the various ways to cope and adapt to cultural and racial groups.	2.89	14.8	37.0	0.0	40.7	7.4
STATEMENT 10 - Management should increase their efforts to hire employees from a variety of ethnic/racial groups.	3.41	7.4	14.8	18.5	48.1	11.1
STATEMENT 11 - People should adopt the values, beliefs, and behaviors that are reinforced in the mainstream of American society.	2.22	22.2	44.4	25.9	3.7	3.7

Item Ratings: 1=Strongly disagree
2=Disagree 3=Don't know 4=Agree
5=Strongly agree
Means = Arithmetic average of responses

continued...

Table 4
OTHER POSITIONS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 12 - Women are well respected at all levels of management in the local health department.	3.41	7.4	22.2	7.4	48.1	14.8
STATEMENT 13 - The organization has had a sufficient number of workshops and in-service training on cultural diversity within the last three years.	2.50	10.7	42.9	32.1	14.3	0.0
STATEMENT 14 - My colleagues respect the cultural differences of fellow employees.	3.61	3.6	10.7	17.9	57.1	10.7
STATEMENT 15 - Ethnic/racial minority employees should incorporate the attitudes and behaviors of mainstream society.	2.36	17.9	46.4	17.9	17.9	0.0
STATEMENT 16 - I am aware of the increasing need for all organizational training and events in public health to address more cultural diversity issues.	3.75	0.0	14.3	7.1	67.9	10.7
STATEMENT 17 - Ethnic/racial minority employees should assimilate into the mainstream of the organization.	3.43	3.6	17.9	14.3	60.7	3.6
STATEMENT 18 - My colleagues attempt to overcome prejudices and biases in the work environment.	3.75	0.0	10.7	3.6	85.7	0.0
STATEMENT 19 - The organization has an obligation to educate employees to understand how cultural factors impact job performance.	3.89	0.0	10.7	7.1	64.3	17.9
STATEMENT 20 - I am comfortable with my knowledge on the history, culture and lifestyles of ethnic/racial minority groups.	3.14	3.6	39.3	3.6	46.4	7.1
STATEMENT 21 - I was socialized to maintain a positive perspective about myself and my community.	4.29	0.0	0.0	0.0	71.4	28.6
STATEMENT 22 - Local health directors are willing to provide leadership in the area of diversity.	3.57	0.0	3.6	46.4	39.3	10.7
STATEMENT 23 - The climate of the local health department is one that is understanding and supportive of diversity among employees.	3.71	3.6	3.6	17.9	67.9	7.1

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Table 4
OTHER POSITIONS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE
STATEMENT 24 - More representation of ethnic/racial minority persons is needed within the organization.	3.11	3.7	33.3	18.5	37.0	7.4
STATEMENT 25 - This organization recognizes the need among its minority employees to spend time with each other at times.	3.04	3.6	28.6	32.1	32.1	3.6
STATEMENT 26 - I challenge my colleagues on ethnically and racially derogatory comments.	3.50	0.0	35.7	0.0	42.9	21.4
STATEMENT 27 - I have no difficulty working with people of a different race, culture or ethnic group.	4.36	3.6	3.6	0.0	39.3	53.6
STATEMENT 28 - I make an extra effort to learn about and appreciate the richness of other cultures' holidays, events and traditions.	3.64	0.0	25.0	3.6	53.6	17.9
STATEMENT 29 - I try to recognize and challenge the biases and prejudices that affect my own thinking and action.	4.29	0.0	0.0	0.0	71.4	28.6
STATEMENT 30 - I seek advice from my professional peers of different ethnic and racial backgrounds regarding working effectively with people from diverse cultures and experiences.	3.89	3.7	3.7	7.4	70.4	14.8
STATEMENT 31 - Local health directors are comfortable discussing racial/cultural differences that occur between employees in the workplace.	3.29	3.6	7.1	53.6	28.6	7.1
STATEMENT 32 - Supervisors treat all employees (regardless of race and culture) fairly.	3.79	3.6	7.1	17.9	50.0	21.4
STATEMENT 33 - I find the topic and discussion of cultural/racial differences to be unpleasant and uncomfortable.	1.75	35.7	57.1	3.6	3.6	0.0
STATEMENT 34 - I have been exposed to training that allows me to appreciate the cultural styles and values of different cultural groups.	3.57	0.0	21.4	14.3	50.0	14.3
STATEMENT 35 - I am aware of the family structure and values of different ethnic, racial and cultural groups.	3.85	0.0	11.1	7.4	66.7	14.8

continued...

Table 4
OTHER POSITIONS' RESPONSES TO SURVEY QUESTIONS

		PERCENT OF RESPONDENTS				
	MEANS	STRONGLY DISAGREE Rating=1	DISAGREE	DON'T KNOW	AGREE	STRONGLY AGREE Rating=5
STATEMENT 36 - Local health directors are aware of cultural differences and the implications for public health programs and services.	3.57	0.0	10.7	35.7	39.3	14.3
STATEMENT 37 - I am aware of the new American Disabilities Act (ADA) guidelines and how they apply to the organization's programs and services.	3.75	0.0	14.3	10.7	60.7	14.3
STATEMENT 38 - I have developed networks within ethnic/racial communities similar to those in the mainstream community.	3.22	0.0	37.0	7.4	51.9	3.7
STATEMENT 39 - I am aware of the dual socialization roles and responsibilities facing different groups.	3.59	0.0	7.4	25.9	66.7	0.0
STATEMENT 40 - I understand the bicultural experiences of Hispanic/Latino children.	3.04	0.0	50.0	7.1	32.1	10.7
STATEMENT 41 - I am aware of the community agencies in my area that serve the African-American community.	3.89	3.6	7.1	7.1	60.7	21.4
STATEMENT 42 - I know how to effectively utilize community agencies in the African-American community to work with public health programs and services.	3.63	3.7	11.1	11.1	66.7	7.4
STATEMENT 43 - Local health directors are prepared to build diversity initiatives into the existing programs and services.	3.14	0.0	14.3	60.7	21.4	3.6
STATEMENT 44 - Local health directors provide leadership in the area of diversity.	3.25	0.0	7.1	64.3	25.0	3.6
STATEMENT 45 - I make an attempt to overcome hidden cultural assumptions that interfere with effective intercultural interaction.	3.96	0.0	0.0	7.1	85.7	7.1
STATEMENT 46 - I understand how developing and implementing diversity initiatives will positively impact on public health effectiveness in providing services to its clients.	4.04	0.0	7.1	10.7	53.6	28.6

N=31

Table 5
SUBSCALES AND RELIABILITIES FOR COMBINED SAMPLES

QUESTIONS COMPRISING SUBSCALE	SUBSCALE	CRONBACH'S ALPHA
2. The administration of this health department makes a genuine effort to create a climate for cultural differences. 4. The organization has an obligation to promote and encourage positive racial interaction in all aspects of the work environment. 19. The organization has had a sufficient number of workshops and in-service training on cultural diversity within the last three years. 23. The climate of the local health department is one that is understanding and supportive of diversity among employees. 25. This organization recognizes the need among its minority employees to spend time with each other at times.	Organizational Climate	0.5707
5. I was raised not to be concerned with racial matters but to focus more on being independent, and goal-oriented. 7. Exposure to different cultures, people and situations was a major part of my upbringing. 9. My parents discussed with me the various ways to cope with and adapt to cultural and racial groups. 21. I was socialized to maintain a positive perspective about myself and my community.	Racial Socialization	0.5967
11. People should adopt the values, beliefs and behaviors that are reinforced in the mainstream of American society. 15. Ethnic/racial minority employees should incorporate the attitudes and behaviors of mainstream society. 17. Ethnic/racial minority employees should assimilate into the mainstream of the organization.	Mainstream Orientation	0.7120
13. The organization has had a sufficient number of workshops and in-service training on cultural diversity within the last three years. 16. I am aware of the increasing need for all organizational training and events in public health to address more cultural diversity issues. 34. I have been exposed to training that allows me to appreciate the cultural styles and values of different cultural groups.	Diversity Training	0.1957

continued...

Table 5 (continued)
SUBSCALES AND RELIABILITIES FOR COMBINED SAMPLES

QUESTIONS COMPRISING SUBSCALE	SUBSCALE	CRONBACH'S ALPHA
20. I am comfortable with my knowledge on history, culture and lifestyles of ethnic/racial minority groups. 26. I challenge my colleagues on ethnically and racially derogatory comments. 27. I have no difficulty working with people of a different race, culture or ethnic group. 28. I make an extra effort to learn about and appreciate the richness of other cultures' holidays, events and traditions. 29. I try to recognize and challenge the biases and prejudices that affect my own thinking and action. 30. I seek advice from my professional peers of different ethnic and racial backgrounds regarding working effectively with people with diverse cultures and experiences. 45. I make an attempt to overcome hidden cultural assumptions that interfere with effective intercultural interaction.	Cultural Self Awareness	0.7096
10. Management should increase their efforts to hire employees from a variety of ethnic/racial groups. 22. Local health directors are willing to provide leadership in the area of diversity. 31. Local health directors are comfortable discussing racial/cultural differences that occur between employees in the workplace. 32. Supervisors treat all employees (regardless or race and culture) fairly. 36. Local health directors are aware of cultural differences and the implications for public health programs and services. 43. Local health directors are prepared to build diversity initiatives into the existing programs and services. 44. Local health directors provide leadership in the area of diversity.	Perception of Leadership of Local Health Directors	0.6728

N=121

Table 6
MEANS AND T-TESTS OF INDEXES BY RACE

INDEX NAME	RACE MEANS		2-TAILED
	WHITE n=102	BLACK n=15	PROBABILITY
Organizational Climate	3.98	3.52	0.0410*
Racial Socialization	3.51	3.68	0.554
Mainstream Orientation	2.78	2.88	0.626
Cultural Self Awareness	3.94	3.71	0.297
Perception of Leadership of Local Health Directors	3.42	3.16	0.1030

N = 121
*Indexes significant by race.

Table 7
SUMMARIES OF INDEXES BY OCCUPATIONAL POSITION

OVERALL		HEALTH DIRECTOR	NURSING DIRECTOR	OTHERS	PROBABILITY
	Mean	Mean	Mean	Mean	
Organizational Climate	3.91	4.06	3.90	3.74	0.061
Racial Socialization	3.54	3.60	3.51	3.51	0.886
Mainstream Orientation	2.80	2.77	2.91	2.67	0.450
Cultural Self Awareness	3.91	3.92	3.97	3.81	0.500
Leadership of Directors	3.39	3.51	3.22	3.44	0.033*

*Indexes significant by position.

APPENDIX B - FOCUS GROUP RESPONSES

Cultural Diversity in N.C. Public Health

Focus Group I Responses
December 6, 1994

1. Please list up to five problem areas or concerns that ethnic, racial, and cultural group members experience within public health.

   - Language barriers
   - Lack of culturally diverse providers; personnel may try to impose their value systems on clients in relation to treatment (Family Planning decisions, etc.)
   - Lack of user-friendly hours and easily accessible locations
   - The stereotyping of cultural and ethnic groups using health department services
   - Inability of clients to comply with recommendations (financially unable, misinterpretation of medical advice prescribed, lack of access to transportation)
   - Excessive wait for services; fear of not being seen by a provider

2. Please list up to five problem areas or concerns that White Americans have regarding ethnic, racial, and cultural groups within public health departments.

   - Some White Americans feel threatened by different cultures
   - Are not knowledgeable of services provided by health department; feel that health department only assists low socioeconomic groups who do not attempt to improve their circumstances
   - Feel that Public Health care is inferior; lack of qualified staff
   - Language barrier (languages and slang)
   - Are concerned about talking "above or below" a client's level of understanding

3. Please list up to three areas of weakness public health departments have in meeting the needs or concerns of a diverse work force.

   - Hours of operation do not meet the need of the community
   - Clinics are not easily accessible to all members of the community

- Staff does not reflect the diverse population it serves; cultural misconceptions
- Discrimination by employees toward clients
- Lack of a sufficient number of providers
- Budgetary and time constraints prevent improvements from being accomplished
- Staff will not exceed what is expected of them

4. On a scale of 1 to 5 (5 being the highest level) rate public health departments' level of effectiveness in meeting the need of a diverse work force.

- Average = 3

5. What are some of the ways in which public health departments are resistant to diversity and change?

- Management does not acknowledge the need for change
- Cost restraints and difficulty in changing policies
- Health departments are not willing to listen to feedback from the community
- Low morale; staff feels they are currently overworked
- Staff is complacent and feel their government jobs are secure, therefore they are not willing to exceed what is expected of them
- Employees feel "comfortable"; change is threatening; "we've always done it this way" mentality; lack of employee initiative

6. What could public health departments do to improve the delivery of services to a culturally diverse work force?

- Make hours more flexible and clinics easily accessible to clients
- Recruit staff that reflects the cultural and ethnic backgrounds of the community
- Educate County Commissioners and Board of Health in the needs of the community
- Provide for staff education in cultural diversity
- Offer satellite clinics in rural areas and at large industries (where many of the clients work)

- Provide language interpreters (including sign language) to increase communication
- Streamline services

7. Please list up to five areas or concerns that women have regarding working in public health departments.

- Salary not comparable to other health professionals
- Safety concerns on home visits; unsafe areas; violence by clients
- Concern with cultural differences (different educational levels and value systems)
- Being exposed to communicable diseases
- Lack of communication with management
- Feeling frustrated due to lack of resources for meeting clients' needs (i.e., money, more space, equipment, treatment referral)
- Feel unappreciated; lack of respect from other agencies
- Need more culturally diverse providers and more male staff members

Focus Group II Responses
January 12, 1995

1. Please list up to five problem areas or concerns that ethnic, racial, and cultural group members experience within public health.

- Lack of communication due to language and cultural barriers
- Lack of minority representation in decision-making and management positions
- Stigma of working for the North Carolina Department of Public Health, equating status of employees with the members of the community that they service (i.e., perception of both being uneducated, low socioeconomic class)
- Having to "prove" their proficiency and competence in their field; discrimination
- Misconception that one person is representative of all members of a particular ethnic, racial or cultural group

2. Please list up to five problem areas or concerns that White Americans have regarding ethnic, racial, and cultural groups within public health departments.

   - Have problems with ethnic staff in management roles
   - Perception that ethnic/racial members obtained their jobs through Affirmative Action rather than ability
   - White Americans can be too oversensitive when communicating with persons of a different ethnic/cultural/racial background than their own (attempt to be overly "politically correct")
   - Lack of understanding of diverse ethnic and racial cultures and value systems; fear of that which is "different"
   - Assuming that one ethnic, racial or cultural group is homogenous

3. Please list up to three areas of weakness public health departments have in meeting the needs or concerns of a diverse work force.

   - Staff does not reflect the diverse population it serves
   - Hours of operation and location of services do not meet the needs of the community
   - Discrimination by employees toward clients; employees don't necessarily feel the public merits government services
   - Lack of ongoing training of staff in diversity management
   - Not inquiring community members of their needs and involving them in planning

4. On a scale of 1 to 5 (5 being the highest level) rate public health departments' level of effectiveness in meeting the need of a diverse work force.

   - Average = 3

5. What are some of the ways in which public health departments are resistant to diversity and change?

   - Feel that training is unnecessary -- job is already being accomplished, therefore why train
   - The time and cost necessary to effect any changes

- Employees feel "comfortable"; change is threatening; "we've always done it this way" mentality; lack of employee initiative
- Fear of opposition from the County Commissioners, Board of Health, etc.
- Don't acknowledge improvements are needed

6. What could public health departments do to improve the delivery of services to a culturally diverse work force?

- Involve community members in planning and decision-making; inquire of their needs
- Create missions, goals, and philosophies that advocate multicultural understanding
- Revise budget to provide for ongoing training in cultural diversity for all levels of employees
- Recruit staff that reflect the diverse ethnic backgrounds of the community
- Recruit staff that understand the value of public health services to the community

APPENDIX C

HEALTH CARE REFORM: WHAT MINORITIES NEED TO CLOSE THE HEALTH STATUS GAP

Summary Document prepared by Minority Members of the Advisory Committees to the NC Health Planning Commission

All residents of North Carolina should be able to get appropriate health care, for prevention and treatment, regardless of health status, anticipated need for services, or ability to pay. This is particularly important to racial and ethnic minorities due to the health status gap between minorities and Whites. Minorities have more illness, more problems getting health care, and earlier deaths.

CONTRIBUTORS TO THE HEALTH STATUS GAP

Insurance - 40% of the uninsured are minorities, who represent 25% of the state's population.

Poverty - Rates are nearly 3 times as high among minorities.

Outreach - Activities have been inadequate in informing minorities about existing services and how to use them.

Targeting - There are few effective health promotion activities tailored and provided to minority communities on a continuing basis.

Language - Services are often provided in a language the client does not understand.

Providers - There are too few who understand the history, background, beliefs, and practices of a culturally diverse population.

Policy and program development - Few minorities are involved in health policy development and program planning at the local and state levels.

Data - Health statistics for minorities are not sufficient to assess health needs and measure progress in closing the gap.

OTHER PROBLEMS, WHILE NOT UNIQUE TO MINORITIES, ARE SIGNIFICANT BARRIERS TO HEALTH CARE FOR OUR COMMUNITIES

Lack of transportation - Many minorities cannot get to health care services.

Limited service hours - Many minorities cannot leave work without losing pay.

Lack of primary care providers - More minorities live in medically underserved areas.

ACTIONS NEEDED

Marketing - Market current services to minority communities through the mass media, community organizations, and worksites.

Targeted health promotion - Tailor programs and services to the health problems that disproportionately affect racial and ethnic minorities.

Enabling services -

Transportation - Improve it by, for example, changing the statute to allow the use of school buses for transportation to and from clinics.

Language - Hire or contract with interpreters or bilingual providers so all people receive the same quantity and quality of health services.

Case coordination - Assist clients in using the health, social, and educational services needed to improve their health.

Hours - Provide resources to extend service hours into the evenings and weekends.

Expanded services - Increase the availability of satellite clinics, school-based clinics, and worksite health promotion programs and services.

Cultural diversity - Train all health care providers, staff, and administrators in understanding and responding to the health needs of a culturally diverse population.

Minority providers - Increase resources to educate, recruit, mentor, and retain minorities in the health professions.

Incentives - Increase Medicaid reimbursements for individual primary care providers in medically underserved areas.

Community involvement - Support initiatives to identify and train minority community leaders to develop health policies and plan programs. Assure representation of minority communities on advisory committees and planning boards at the state and local levels.

Data - Assure that health status data for minority groups is comparable to that for the White population. This includes adequate sampling in surveys, self-reporting of racial and ethnic identity, and reporting of health data by racial and ethnic groups.

ENDORSED BY

NC Minority Health Advisory Council NC Legislative Black Caucus
NAACP-NC State Conference of Branches
Old North State Dental Society Old North State Medical Society